Gahanna Parks and Recreation
200 S. Hamilton Road
(614) 342-4250

Winter Camp

AUTHORIZATION FOR CHILD PICK UP & MEDICAL INFORMATION FORM

PARTICIPANTS NAME _____

Male ____ Female ____ Date of Birth: ____/____/____ Age ____

T-shirt size: Youth S M L Adult S M L XL Received _____

PARENT/GUARDIAN INFORMATION:

Mother's Name _____ Phone (H)_____ (W) _____

Father's Name _____ Phone (H) _____ (W) _____

Other Numbers: Cellular Phone _____ Pager _____

Other/Guardian _____ Phone (H) _____ (W) _____

Participant's Address _____

City/State/Zip _____

Neighbors, relatives, or a sitter willing to care for the child if the parent(s) cannot be reached:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

SPECIFY ANY OTHERS AUTHORIZED TO PICK UP YOUR CHILD (IF APPLICABLE)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

_____

Parent/Guardian Signature Date

PLEASE NOTE ANY SPECIAL NEEDS CONCERNING THIS CHILD THAT WE SHOULD BE MADE AWARE OF ON THE REVERSE SIDE OF THIS FORM.

TURN PAGE OVER Þ

Participant's Name _____

This information will remain confidential with Site Supervisor and Staff.

Does the participant have any disabilities or physical conditions the leaders should be familiar with (allergies, ADD, etc.)? Does your child require any accommodations, assistive devices or auxiliary aids? Also please list any and all prescription medications (i.e. Ritalin) currently being taken.

Other Conditions/Needs: _____

_____

_____

_____Speech Impairments _____Hearing Impairments _____Vision Impairment
_____Asthma _____Diabetes _____Epilepsy

Swimming Ability: ____ can't swim ____ beginner ____ intermediate ____ advanced

In case of an emergency: please list 3 people who we are to try to contact in case we cannot contact either parent/guardian by phone: (or ____ check if same as on front of this sheet).

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

In the event that reasonable attempts to contact me at _____ (phone number) or _____ (other parent or contact) at _____ (phone number), have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by an emergency medical squad, Dr. _____ (preferred physician) at _____ (phone number), or, in the event the designated practitioner is not available, by another licensed medical squad, physician or dentist, and the transfer of said child to _____ (preferred hospital) or any hospital reasonably accessible. This does not cover major surgery unless the medical opinions of two either licensed physicians or dentists, concurring in the necessity for such surgery are obtained before surgery is performed.

Medical Insurance Carrier _____

_____
Parent/Legal Guardian Signature Date

******I do not give consent for emergency medical treatment of my child:

_____
Parent/Legal Guardian Signature Date